

## CO-OCCURRING SUBSTANCE USE CHILD SCREENING INSTRUMENT

*Must be completed along with the Child/Adolescent Initial Assessment. For children 11 years old and older, must be completed. For children under 11 years old, completed based on clinical judgment.*

Date Completed: \_\_\_\_\_

### Screening Questions related to Substance Use

Yes    No

☐    ☐    Do you smoke Tobacco?

☐    ☐    Do you hang out with people who use alcohol or drugs?

☐    ☐    Do any of your family members use alcohol or drugs?

☐    ☐    Have you ever tried alcohol, marijuana, inhalants or other drugs?

☐    ☐    Has anyone ever told you that you have a problem with alcohol or drugs?

☐    ☐    Have you ever forgotten what you did while using alcohol or drugs?

☐    ☐    Have you ever ridden in a car driven by someone or yourself who was high on alcohol or drugs?

☐    ☐    Have you ever been under the influence of alcohol or other drugs while at school, work or home?

☐    ☐    Have you ever gotten into trouble or gotten hurt because of alcohol or drugs?

☐    ☐    Are you using alcohol, marijuana, inhalants or other drugs?

Additional Information:

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Name:

IS#:

Agency:

Provider #:

Los Angeles County – Department of Mental Health

## CHILD COD SCREENING INSTRUMENT